

# CIGNA Choice Fund® - Health Savings Account *powered by Chase*

## Automatic Claim Forwarding Election

### Enrollment/Change Form



Please Print Information Below

EMPLOYEE INFORMATION		
EMPLOYEE'S NAME (REQUIRED) (Last, First, M.I.)	EMPLOYEE'S SOCIAL SECURITY NUMBER (REQUIRED)	DATE OF BIRTH
EMPLOYER NAME (REQUIRED)		
AUTOMATIC CLAIM FORWARDING AUTHORIZATION		
<p>Under your CIGNA Choice Fund Health Savings Account (HSA) you may authorize CIGNA to automatically forward medical expenses from your CIGNA medical plan to your HSA for payment. Under this process, most medical expenses for you and any covered dependents which are not payable under your CIGNA medical plan (for example, if you have not met your deductible) will be submitted automatically to your HSA. Available dollars will be paid <b>directly to your physician or health facility</b>. You will receive an Explanation of Benefits (EOB) which details both the medical claim as well as any payment made from your HSA, and (if applicable) any remaining balance you owe the physician or health facility. CIGNA reserves the right to make corrections or adjustments to payments made from your HSA as necessary.</p> <p>Items you should consider prior to making your Automatic Claim Forwarding (ACF) election:</p> <ul style="list-style-type: none"> <li>Automatic Claim Forwarding applies to medical claims only. Pharmacy and Dental claims will not be automatically forwarded.</li> <li>Automatic Claim Forwarding applies to most medical claims submitted to CIGNA directly from your physician or health facility. The majority of medical claims are submitted from providers, and expenses not payable under the medical plan are paid to your provider directly on your behalf. If you do submit a medical claim directly to CIGNA, it will not be forwarded to your HSA.</li> <li>Your Automatic Claim Forwarding election applies to your medical claims and those of any dependent covered under your CIGNA medical plan. It is important to note that if you have a dependent covered under your CIGNA medical plan that is not considered to be a "Qualified Dependent" as defined under the Internal Revenue Code you should <b>not</b> elect Automatic Claim Forwarding. To obtain the IRS definition of a qualified dependent, you may contact your employer or go to <a href="http://www.irs.gov">www.irs.gov</a> and refer to Publication 929. Please note that this IRS definition changed effective January 1, 2005.</li> <li>Your Automatic Claim Forwarding election will be effective within 5 business days of receipt of this form.</li> <li>If you elect Automatic Claim Forwarding CIGNA pays the claim with HSA dollars. If your physician or facility asks for payment at the time of service, please do not use your HSA debit card or HSA check to make the payment. This will minimize the risk of using HSA funds twice for the same claim.</li> <li>Should you elect Automatic Claim Forwarding, please note that, upon request from you or your provider, CIGNA may inform your provider whether you have sufficient funds available in your HSA account to cover an estimated expense, such as a service or treatment you and your provider are considering.</li> <li>Automatic Claim Forwarding, if elected, will continue until you terminate your ACF election.</li> </ul>		
<p><b><u>INITIAL ELECTION - use this section if this is your first Automatic Claim Forwarding election</u></b></p> <p><b>Select the following option and sign and date in the appropriate field below:</b></p> <p><i>Note: If you do not wish to elect the Automatic Claim Forwarding feature, there is no need to send in this form.</i></p> <p><input type="checkbox"/> <b>Yes</b>, I hereby authorize CIGNA to pay medical expenses for myself and my dependents from my Health Savings Account.</p>		
<p><b><u>ELECTION CHANGE - use this section if you wish to change your current Automatic Claim Forwarding election</u></b></p> <p><b>Select one of the following options and sign and date in the appropriate field below:</b></p> <p><input type="checkbox"/> I have previously elected ACF and would like to <b>terminate</b> my election. I hereby request that CIGNA cease the payment of unpaid medical expenses for myself and my dependents from my Health Savings Account.</p> <p><input type="checkbox"/> I do <b>not</b> currently have ACF. <b>I would like to elect ACF now.</b> I hereby authorize CIGNA to pay medical expenses for myself and my dependents from my Health Savings Account.</p>		
Signature		Date

**Return this form to:** Connecticut General Life Insurance Company  
 Attention: CIGNA Choice Fund Health Savings Account Unit C3CON  
 900 Cottage Grove Road  
 Hartford, CT 06152

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